Department of Vermont Health Access (DVHA)
ICD-10 Implementation Frequently Asked Questions

The update for ICD-10, as of 5/14/2014:

On **October 1, 2015** the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced with ICD-10 code sets. To be compliant with this federal mandate, the Vermont Medicaid program (DVHA) will require that ICD-10 diagnosis and inpatient procedural codes are included on all provider claim submissions. Medicaid cannot pay for any health care service that does not include the new code sets for dates of service on or after the federal implementation date of **October 1. 2015**. The new implementation date reference, source document, can be found on the following link;
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Proposed-Rule-Home-Page.html

The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). Please note the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

1. **Q: Why is the conversion to ICD-10 different from the other annual code changes?**
   A: ICD-10 codes have a completely different structure than the ICD-9 codes. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and have 3 to 7 characters. ICD-10 is more robust and descriptive than ICD-9. For example,
   - There are approximately 14,000 ICD-9 diagnosis codes but there are close to 70,000 ICD-10 diagnosis codes. These new codes are collectively called ICD-10-CM.
   - There are approximately 4,000 ICD-10 inpatient procedure codes but close to 72,000 ICD-10 inpatient procedure codes. These new codes are collectively called ICD-10-PCS.

   The reason for the large increase in codes is because ICD-10 does a better job than ICD-9 in its diagnoses to describe comorbidities, manifestations, and detailed anatomical location, to name just a few. For the inpatient procedure codes, ICD-10 has a specific naming convention based on the position among the 3-7 digits to account for body system, root operation, body part, and approach for example.

2. **Q: Will DVHA meet the federal deadline of October 1, 2015?**
   A: Yes

3. **Q: Do state Medicaid programs need to transition to ICD-10?**
   A: Yes, like everyone else covered by HIPAA, state Medicaid programs must be compliant with this mandate by October 1, 2015.

4. **Q: What happens if I don't switch to ICD-10?**
   A: Claims that do not use the ICD-10 diagnosis and inpatient procedure codes for dates of service on or after the federal implementation date cannot be processed. It is important to note, however, that claims for services provided before the federal implementation date must use ICD-9 codes.

5. **Q: Will DVHA support dual intake of diagnosis codes after October 1, 2015?**
   A: No - After October 1, 2015, claims submitted with ICD-9 codes will only be processed for dates of service (outpatient) or dates of discharge (inpatient) prior to October 1, 2015. Claims with dates of service or dates of discharge on or after October 1, 2015 must be submitted with ICD-10 codes.

6. **Q: What happens if I transition to ICD-10 early? Will DVHA be able to process my claims?**
   A: Providers must do the following in order for their claims to process:
   - *For claims submitted prior to* October 1, 2015*:* Providers use ICD-9 diagnosis on all applicable claim types and ICD-9 inpatient procedure codes on applicable claims
   - *For claims submitted on or after* October 1, 2015 *but represent services prior to* the federal implementation date*:* Providers use ICD-9 diagnosis on all applicable claim types and ICD-9 inpatient procedure codes on applicable claims
   - *For claims submitted on or after* October 1, 2015 *that represent services on or after* October 1, 2015*:* Providers use ICD-10 diagnosis on all applicable claims and ICD-10 inpatient procedure codes on applicable claims

7. **Q: What is the cutoff for inpatient hospital discharges?**
   A: For inpatient hospital discharges, the cutoff on whether or not to use the ICD-9 or ICD-10 codes is dependent on the discharge date, not the admission date. That means that claims with dates of discharge on or after October 1, 2015 should be submitted with ICD-10 codes. Claims for dates of discharge prior to October 1, 2015 should be submitted with ICD-9 codes. For non-inpatient services, the cutoff is driven by the date of service on the claim. That means that claims with dates of service on or after October 1, 2015 should be submitted using ICD-10. Claims with dates of service prior to October 1, 2015 should be submitted using ICD-9 codes.

8. **Q: During the transition period, can both codes appear on the same claim?**
   A: CMS has stated that there cannot be both ICD-9 and ICD-10 codes on the same claim. Deciding which code set to use is driven by the date of service/date of discharge. If the incorrect code set is reported on a claim, the claim will be denied.

9. **Q: What is DVHA's current status to prepare for this transition?**
   A: ICD-10 implementation has 4 phases: Impact Assessment, Remediation, Systems Testing, and Program Implementation. DVHA is currently in the Remediation Phase but has already begun Systems Testing. The purpose of Remediation is to make ICD-10 changes to impacted policies, processes, and systems.

10. **Q: Is there a crosswalk between ICD-9 and ICD-10?**
    A: There is, although DVHA and those in the industry who have been examining this crosswalk stress that it should be used as guidance and not absolute. CMS published what they call "General Equivalency Mappings", or GEMs. The GEMs provide details on how an ICD-9 code today could be translated into an ICD-10 code. The issue is that for many ICD-9 codes, because they are more general in nature, the ICD-9 code could translate to multiple ICD-10 codes. Some codes have a 1-to-1 mapping while many codes do not. In other words, some ICD-9 codes actually map from one ICD-9 code to many ICD-10 codes in combination. Details on the GEMs mapping files are located on the CMS website at
    http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10.

11. **Q: What transactions will DVHA want to test for ICD-10?**
    A: DVHA plans to offer "end-to-end" testing with its provider community, which dates and detail information will be forthcoming.

12. **Q: How can contractors, business partners and vendors who are interested in end-to-end testing notify DVHA?**
    A: DVHA will provide updates to its ICD-10 web page at http://dvha.vermont.gov/for-providers/icd-10/ as testing dates approach. Hewlett Packard Enterprise Services (HP) is DVHA's fiscal agent (claims processor) and will be facilitating testing with providers. As time gets closer for testing, HP will also be providing more specific information on its ICD-10 web page at http://www.vtmedicaid.com/Downloads/ICD-10%20Page.html where interested testing partners can learn when and where to sign up as a possible test site. DVHA's contact information can be found under question 14.

13. **Q: What should I be doing to get ready for ICD-10?**
    A: CMS has developed implementation guides for providers and payers on its website at http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10. There are separate guides for small and medium practices, large practices and small hospitals. Providers should be considering what system upgrades may be required for intake, billing or EHR, what the status is on the readiness of their vendors, what type of training is required for coders and clinicians, and how many resources will be required both to get ready for ICD-10 and also when it starts. CMS is advising that experience from other countries showed that there were productivity reductions upon initial implementation of ICD-10 due to the learning curve required and the increased level of pended and denied claims.

14. **Q: How may I work with DVHA for a successful transition to ICD-10?**
    A: VT Medicaid, DVHA, is here to assist! Please contact us or visit our ICD-10 Webpage (http://dvha.vermont.gov/for-providers/icd-10) for details about ICD-10. You may contact HP's Provider Services Unit via phone: 800-925-1706 (Toll-free in Vermont) or 802-878-7871 (Local and Out-of-State) or via email: VT-ICD-10@hp.com .

15. **Q: Where can I find the ICD-10 codes?**
    A: The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge on the "2014 ICD-10-CM and GEMs" and "2014 ICD-10-PCS and GEMs" pages of the CMS ICD-10 website.
    http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10

16. **Q: How will DVHA communicate transition updates and your progress?**
    A: Look to our ICD-10 web page at http://dvha.vermont.gov/for-providers/icd-10/ for more information about our progress and information that will be important for providers and vendors. Additionally, providers will receive important notifications through Banner Pages sent out by HP on an as needed basis.